g = 10 <sup>2</sup> mg							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective January 1, 2003							10	6	33.	259		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		17				Έ	FEE		RATE	FEE		
FOR		NUMBER FILED	NUMBE	NUMBER EXTRA		FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			=	. 8		9=		OR	X\$18=			
INDEPENDENT CLAIMS		3 minus 3 = .		) X4		2=		OR	X84=			
MUL	TIPLE DEPENDENT CLAIM F	RESENT			+14	n=		OR	+280=			
* If the difference in column 1 is less than zero, enter *0" in column 2						TAL.	329	OR	TOTAL			
CLAIMS AS AMENDED - PART II						.: .:	1,01	,	OTHER	THAN		
	(Column 1) (Column 2) (Column 3)					ALL	ENTITY	OR	SMALL			
A	CLAIMS REMAINING AFTER	N	IGHEST UMBER EVIOUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONAL		
AMENDMENT A	AMENDMENT		AID FOR	O O	$\vdash$		FEE			FEE		
Q	Total •	Minus ••	20	2	X\$	9=		OB	X\$18=			
AM	FIRST PRESENTATION OF	Minus . ***	ENT CLAIM	4	X4	2=		OR	X84=			
Ш	THAT THESERVATION OF .		الز	10=		OR	+280=					
7 12 48113						OTAL FEE		OR	TOTAL ADDIT. FEE			
_	1- (Cotumn 1)		olumn 2)	(Column 3)			•					
IT B	CLAIMS REMAINING AFTER	PR	HIGHEST NUMBER EVIOUSLY	PRESENT EXTRA	R/	ιτE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT B	Total 4.	Minus **	20 DO	=47	XS	9=	FEE	OR	X\$18=	FEE		
ME	Independent •	Minus .	3	7	X	2=		l <sub>en</sub>	- <del>X8</del> 4≡			
L	FIRST PRESENTATION OF	MULTIPLE DEPEND	ENT CLAIM		1	40=		OR	+280=			
								1				
	(Column 1	, ,,,	Column 2)	(Column 3)	ADDI	T. FEE		<b>_</b>	ADDIT. FEE			
AMENDMENTC	CLAIMS REMAINING AFTER AMENOMEN	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RV	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total •	Minus **		э	X	9=		OR	X\$18=			
MEN	Independent +	Minus •••		•		12=		OA	Year	<del>                                     </del>		
Ľ	FIRST PRESENTATION OF	MULTIPLE DEPEND	DENT CLAIN	8 🔲	1			1		1-1		
	If the entry in column t is less tha	n the entry in column 2	, write "O" in c	olumn 3.	L	40= TOTAL		OR	TOTA			
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										Ē		
	The "Highest Number Previously	Paid For (Total or Inde	ependent) is th	ne highest numb								
FORM PTO-875 (Rev. 12/02) ** U.S. Government Printing Office: 2000 — 459-278/59151 Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE												

**بن**ر.۰